

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>70200</i>	<i>0-0-99</i>
O.I.P.E. CLASSIFIER	<i>17</i>		<i>10-9-99</i>
FORMALITY REVIEW	<i>unm</i>	<i>68231</i>	<i>10-10-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/20/01
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Claim	Final	Original	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
add additional sheet here

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